

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-019568

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 100

Primary Registration District No.

Registrar's No. 49

FILED JUN 3 1963

## 1. PLACE OF DEATH

a. COUNTY DENT

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SALEMLength of stay in 1b  
@ WEEKS2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY DENT

c. CITY OR TOWN SALEM

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION HART HOSPITALInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
613 ASKIN STREETReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HUGH ALVY BLACKWELL

4. DATE OF DEATH

Month

Day

Year

MAY 25 1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9. AGE (last birthday)

7/22/1891 71

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

BLDG. CONST.

11. BIRTHPLACE (City and state or country)

SALEM, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JAMES BLACKWELL

## 13b. MOTHER'S MAIDEN NAME

MARTHA HEROD

## 14. NAME OF HUSBAND OR WIFE

LENORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

79

## 17. INFORMANT

Address

LENORE BLACKWELL 613 ASKIN SALEM, MO.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of vertebral column (Metastases)

INTERVAL BETWEEN ONSET AND DEATH

3 Mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bronchiolar carcinoma

8072

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 9, 1963 to May 25, 1963 and last saw him alive on May 25, 1963  
Death occurred at 6:11 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

Salem, Missouri

## 22c. DATE SIGNED

5-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

5/27/1963

## 23c. NAME OF CEMETERY OR CREMATORY

MT. HOPE CEMETERY

## 23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY, MO.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

WARFEL FUNERAL HOME

SALEM, MO.

## 25. DATE RECD. BY LOCAL REG.

5-27-63

## 26. REGISTRAR'S SIGNATURE

M. Hart, M.D. by Ann

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

5961 5 NUR

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edward F. Dryles*

Licensed Embalmer No. 4553

P. O. Address P.O. Box 125  
Jackson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.